

VAExecSec

From: (b)(6) (HHS/IOS) <(b)(6)@hhs.gov>
Sent: Wednesday, August 14, 2019 3:00 PM
To: VAExecSec; DOJExecSec (JMD)
Subject: [EXTERNAL] For review by 8/21: Report to Congress on National HIV Testing Goals
Attachments: R2 HIV Reporting RTC - CDC rewrite - clean (1).docx

Good afternoon –

Please find attached for VA and DOJ review/information the attached *draft* Report to Congress on National HIV Testing Goals, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009. CDC prepared this report to Congress in cooperation with other agencies in the Department of Health and Human Services, the Department of Justice, and the Department of Veterans Affairs. HHS is now finalizing the internal clearance of this report, and wanted to make sure that VA and DOJ/Federal Bureau of Prisons have a chance to review the report for accuracy regarding language and data specific to VA and DOJ.

Can you please let me know if you have any edits by COB next Wednesday 8/21? I will plan to move forward with the report at that time.

Thank you!

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**Department of Health and Human Services
Centers for Disease Control and Prevention**

**Report to Congress
Regarding
National HIV Testing Goal**

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DATE 2019

Executive Summary

In 2009, as part of the Ryan White HIV/AIDS Treatment Extension Act, Congress directed the Secretary of the Department of Health and Human Services (HHS) to establish an annual HIV testing goal of 5,000,000 tests for federally supported HIV and AIDS prevention, treatment, and care programs. This report includes data from HHS agencies, the Department of Veterans Affairs, and the Federal Bureau of Prisons. In 2016¹, the federal agencies contributing to this report surpassed the national HIV testing goal by conducting 7,069,742 tests.

While federal agencies reported a number of barriers to achieving optimal HIV testing and linkage or referral to care rates, those barriers did not preclude agencies' successful attainment of the national HIV testing goal. Instead, these barriers placed limits on the extent to which agencies could exceed the testing goal and fully measure their progress toward reaching the goal. Federal agencies are actively taking steps to remove or mitigate these barriers to succeed in achieving optimal levels of HIV testing, referrals, and linkage to care.

Using published estimates of the cost of conducting an HIV test in health care and non-health care settings, as well as data from contributing federal agencies, the Centers for Disease Control and Prevention (CDC) estimates the cost of reaching the annual goal of conducting five million HIV tests at approximately \$1.24 billion in 2017 U.S. dollars. Importantly, in its review of the published literature on the cost-effectiveness of HIV testing, CDC continues to find strong evidence that not only is HIV testing cost-effective (i.e., testing benefits outweigh testing costs), but it also may be cost-saving (i.e., testing benefits, such as earlier linkage to treatment, even considering the costs, actually save money).

¹ The last report was submitted in 2013 and included 2012 data. This report includes data from 2013 through 2016. 2016 data is under-reported as certain agencies have a delay in data collection. The actual number of tests conducted is therefore higher than the 7 million figure that is reported.

The HHS Secretary is dedicated to ensuring that federal agencies continue to meet and surpass the national HIV testing goal every year.

Purpose

In the Ryan White HIV/AIDS Treatment Extension Act of 2009, Congress added the following requirement:

“(a) IN GENERAL.—Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention”

“(b) ANNUAL REPORT.—Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period--

‘(1) whether the testing goal described in subsection (a) has been met;

‘(2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

‘(3) the number of individuals who--

‘(A) prior to such 12-month period, were unaware of their HIV status; and

‘(B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

‘(4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

‘(5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

'(6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns.' (Public Law 111-87, Section 2688).

The following report has been prepared by the Departments of Health and Human Services (HHS) and Veterans Affairs (VA) in response to these requirements.

Background

The Centers for Disease Control and Prevention (CDC) estimates that in the United States more than 1.1 million adults and adolescents are living with HIV² and approximately over 38,000 people receive a diagnosis of HIV each year (CDC, 2017; CDC, 2018). Almost 1 in 7 persons were unaware that they were living with HIV in the year prior to diagnosis (CDC, 2018).

Currently, populations such as gay, bisexual, and other men who have sex with men (MSM), transgender persons, Blacks/African Americans, Hispanics/Latinos, and people who live in the southern United States, are disproportionately affected by HIV. Moreover, many of the populations most affected by HIV are also those most often unaware of their infection (CDC, 2018). In addition, fewer people with HIV in the South are aware of their infection than in any other region (CDC, 2016a). Consequently, fewer people in the South who are living with HIV receive timely medical care or treatment and a disproportionate number are missing out on the opportunity to preserve their health and avoid transmitting HIV to their partners (CDC, 2016b). While annual HIV infections decreased by 8 percent among the US population from 2010 to 2015, progress remains uneven (CDC, 2018). For example, annual infections remained stable among all MSM but increased by 22 percent among 25-34 year old Hispanic/Latino MSM (CDC, 2018).

² Persons with HIV (PWH) is the term utilized by the Division of HIV and AIDS Prevention (DHAP) at the CDC.

The U.S. National HIV/AIDS Strategy: Updated to 2020 (NHAS) guided the federal response to the HIV and AIDS trends, including the testing programs and initiatives implemented by the federal organizations contributing to this report (NHAS, 2015). In addition, the updated NHAS reflects advances in HIV testing technologies and changes in federal, state, and local laws and policies that govern HIV testing and improve the accuracy and availability of HIV testing.

HIV testing provides a critical pathway to prevention and treatment services that prolong the lives of persons with HIV and helps stop the spread of HIV in communities across the United States. Persons with undiagnosed HIV, or with HIV diagnosed late in the course of their infection, miss crucial opportunities to seek care that may prolong and improve the quality of their lives. HIV treatment has dramatically improved the health, quality of life, and life expectancy of people with HIV. Research shows that when people know they are infected with HIV, they take steps to prevent transmission to others (Weinhardt LS et al., 1999). People with HIV who take HIV medicine as prescribed and achieve and maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners (Cohen MS, Chen YQ, McCauley M, et al., 2016). Thus, testing provides the crucial first step to maintaining health and preventing transmission.

In recent years, there have been numerous positive advances in both testing technologies and the technologies that promote it (e.g., social media). Advances in testing technology make it possible to more efficiently and effectively determine an individual's HIV status. For example, newer fourth-generation diagnostic tests make it possible to detect HIV soon after infection and at a lower cost. (Chavez et al., 2011; Masciotra et al., 2011). Also, the proliferation and use of social media platforms and new smartphone applications provide new opportunities to reach many persons at risk for acquiring HIV with important HIV prevention information and messages and to promote testing so they know

their status. HIV testing efforts are critical for diagnosing infections and remain a priority for the Federal Government.

Annual National HIV Test Goals for the United States

The annual national HIV testing goal of 5 million tests, established by the HHS Secretary as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, was surpassed in 2013, 2014, 2015, and 2016 (Appendix 1, Tables 1-4). Federally-supported programs contributing to this report conducted 7,069,742 tests³ in 2016, thereby substantially exceeding the national goal of 5 million tests. From the available data, 37,122 tests were reported to be positive for HIV, yielding a positivity rate (i.e., the number of positive diagnoses divided by the number of individuals tested) of 0.71 percent⁴. Importantly, 26,772⁵ of the individuals were referred to care, treatment, and prevention services (Appendix 1, Table 4).

The Department of Veterans Affairs and two HHS agencies—CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA)—are the only federal organizations that provided data distinguishing between the number of persons testing positive for HIV and the number of persons newly diagnosed with HIV through some of their programs. In 2016, these organizations identified 27,949 individuals infected with HIV, roughly half of whom (12,032 or 43 percent) were not previously diagnosed with HIV.⁶ These new diagnoses represent nearly one third of all new diagnoses reported in

³ Testing data were provided by the VA, the Federal Bureau of Prisons, and the following five agencies and one office of HHS: CDC, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Indian Health Service (IHS), and Office of Population Affairs (OPA). The total number of tests in 2016 is under-reported due to a delay in data collection systems.

⁴ $(\text{Number of Positive Tests} / \text{Number of Tests}) \times 100$. Denominator includes only data from agencies or programs that reported both variables used in the calculation. The rate reported here does not include all federally supported HIV prevention, care, and treatment programs because data on the number of positive diagnoses were not available from all programs.

⁵ Note that several agencies with large testing volumes (most notably, CDC) measure linkage to care, rather than referrals, and therefore underestimates federal agencies' performance referring persons who tested positive for HIV to medical care and treatment.

⁶ These numbers only include data from those programs that were able to collect information on whether a positive test result represented a new diagnosis of HIV.

2016 in the United States. The federal agencies contributing to this report continue to invest in activities that will better position them to improve their performance in detecting newly diagnosed cases.

The HIV testing data reported by the contributing federal organizations are subject to a number of caveats that are discussed in the next section of this report. These organizations recognize the need to take steps to ensure that future data collection systems meet the specific operational needs of their organizations and allow for accurate cross-agency assessments of the federal government's response to national HIV trends.

Limitations to HIV Testing Data

The data presented in this report are subject to limitations related to data collection, data comparability, synthesis, and interpretation. The previous Testing Report to Congress described in detail the limitations found when compiling and analyzing the relevant testing data; many of these limitations remained in 2016.

Data collection continues to be a challenge due to the nature of the health care system and the individual organizations collecting data. Parts of the system are oriented toward documenting outputs (e.g., number of HIV tests) rather than outcomes (e.g., a positive or negative HIV test result) because often billing and reimbursement, not public health, was the primary concern driving their design. Data sharing issues and lags in data reporting contribute to challenges in ensuring data are standardized, accurate, and complete.

Data limitations also stem from cross-agency (and, in many cases, cross-program and cross-grantee) variance in 1) the definitions applied to primary data elements, and 2) the independence of the systems used to manage and generate these data. In particular, two data points, "number of tests" and "number of new positives," exemplify both these limitations and their ramifications for measuring the cumulative impact of federally-funded HIV testing activities. Some agencies reported the total number of HIV

tests⁷ conducted, while others reported the number of test events.⁸ Similarly, among those agencies that reported the number of persons with HIV newly diagnosed through their programs, some relied entirely on client self-reports of not having a previously diagnosed HIV infection, while others confirmed such reports with HIV surveillance data collected by health departments. Further, because federal agencies do not collect, maintain, or share personally identifiable information (e.g., the names and birthdates of persons who test positive for HIV), matching and avoiding duplication of data across systems at the federal level is not possible.

Barriers to Achieve Optimal Levels of Testing

While the annual testing goal of five million tests was again surpassed in 2016, contributing federal organizations continue to experience barriers to achieving even higher levels of HIV testing and, specifically, identifying persons with undiagnosed HIV. Federal agencies identified barriers encountered by agencies, grantees, and testing providers, including data collection and coordination, funding, staffing, and policies.

- *Data Collection* -- Many agencies, grantees, and providers have challenges collecting and reporting data. These issues are generally related to the following:
 - **Training:** Agencies are challenged by lack of staff knowledge of data management in both storing and analyzing data collected.
 - **Data collection tools and software:** Agency data infrastructure often does not fully support efficient use of Electronic Health Records (EHR).

⁷ Preliminary and confirmatory HIV tests were counted independently. Accordingly, when an individual whose preliminary test was positive received a confirmatory test, his or her two tests would both be counted towards the total number of tests reported.

⁸ A testing event could include up to three tests for a given individual when these tests were conducted as part of a single testing episode. For example, person who tests positive on a preliminary HIV test and so receives a confirmatory test would be captured as one testing event.

- **Coordinating across large and disperse facilities:** Some agencies have regional facilities that use private sector EHR platforms that are not linked to the public EHR platform.
- *Funding* — For some agencies, limited and uncertain funding challenges their ability to design and implement high-impact HIV prevention strategies.
 - **No base funding:** Some agencies receive no base funding for HIV-related activities and are dependent on annual proposals to Minority HIV/AIDS Fund to support their testing efforts.
- *Staffing* -- High rates of staff turnover for grantees, hiring freezes, and limited access to quality training can delay program implementation and reduce effectiveness of testing activities.
 - **Staff Turnover and New Staff:** Constantly educating and training a high proportion of new staff slows down program implementation.
 - **Hiring Freezes:** Some states implement hiring freezes that even apply to federally granted funds.
- *Laws, Regulations, and Organizational Policies* - Several organizations expressed the need for clarification on various HIV testing policies and regulations.
 - **Limited knowledge of existing regulations:** Some agencies were unaware of what regulations were in place surrounding rapid testing without laboratory technicians.
 - **Difficulty instituting programs given existing laws:** Some grantee programs found it difficult to institute an opt-out testing model as several states require written informed consent for HIV testing.

Cost Estimate to Conduct Five Million Tests

CDC estimated the median cost of reaching the annual goal of conducting 5 million HIV tests was \$1.24 billion (range: \$0.62B to \$1.86B) in 2017. Federal organizations published costs and cost data from

evaluation studies of HIV testing programs. These data vary substantially based on testing settings, testing strategies, testing technologies, inclusion or exclusion of linkage to care, assumptions, and costing methods. Based on the range of cost estimates available in the literature and their relative alignment with the range of figures reported by federal agencies for this report, CDC used a potential median cost of \$80 per test in clinical settings and \$750 per test (\$US 2017) in non-clinical settings to arrive at a cost estimate (Shrestha *et al.* 2008, 2011, 2012). To estimate the lower and upper bounds for the federal funding needed to meet the annual testing goal, CDC then varied the median cost estimates by 50 percent in either direction.

Cost-Effectiveness of HIV Testing

The previous Testing Report to Congress described CDC's systematic review of the cost-effectiveness literature relevant to HIV testing and, where possible, compared the costs and effects of different HIV testing. The literature used several cost-effectiveness measures: cost per quality adjusted life year (QALY) saved, cost per life year (LY) saved, cost per HIV infection averted, and cost per new HIV diagnosis identified. Variation across studies limited CDC's ability to directly compare results across different testing approaches or implementation settings. Additional details can be found on pages 29-37 in the previous report.

The value to the nation of attaining the goal of conducting 5 million HIV tests will, however, far outweigh the initial federal investment needed to meet it. A review of the literature continues to show that voluntary HIV testing is cost-effective, and potentially even cost saving,⁹ across a wide range of implementation scenarios and settings (Lin *et al.*, 2016; Hutchinson *et al.*, 2016; Schackman *et al.*, 2015; Farnham *et al.*, 2012; Lucas and Armbruster, 2012; Long *et al.*, 2010; Paltiel *et al.*, 2006; Paltiel *et al.*, 2005; Sanders *et al.*, 2005; Walensky *et al.*, 2005). CDC identified one published study that

⁹ "Cost-saving" indicates that the money spent to deliver the service was less than the money saved by avoiding downstream costs (e.g., the lifetime treatment costs associated with those HIV infections that would have otherwise have been acquired).

estimated the return on investment (ROI) associated with CDC's own Expanded Testing Initiative (ETI) to be \$1.95 back to the health care system as a whole, for each dollar invested. When disregarding the downstream treatment costs associated with earlier awareness of HIV infection, the ROI rose to \$11.43. Since many medical interventions have negative (i.e., less than \$1) ROIs (Trogon *et al.*, 2009), these findings suggest that large scale, HIV testing programs like CDC's ETI yielded strong economic and public health returns (Hutchinson *et al.*, 2012).

Conclusion

Federal agencies will continue to play an important role in ensuring that HIV testing services are available to those individuals not optimally reached through the private sector. As part of the *Ending the HIV Epidemic: A Plan for America* initiative, CDC will work closely with other HHS agencies, local, and state governments, communities, and people with HIV to coordinate efforts to increase capacity to test for and diagnose all people with HIV as early as possible. Agencies will also continue to explore better ways to assist states, health care providers, community based organizations (CBOs), and other funded entities to address the challenges and barriers they encounter when providing HIV testing services. Although federally supported HIV prevention, care, and treatment programs have substantially exceeded the annual national HIV testing goal, there is still more work to be done to increase the proportion of persons whose infections are diagnosed, and where possible, diagnose them early. Federal agencies continue to be committed to focusing efforts on increased HIV testing as a bridge to improved health and well-being of individuals with HIV and in the communities in which they live.

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Appendix 1: 2013-2016 Tables

Table 1. Number of HIV Tests Conducted by Federal Agencies in 2013

Federal Agency	Number of Tests	Number Positive ^a	Percent Positive ^b	Number Referred to Care	Percent Referred to Care ^c
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,352,513	29,003	0.87%	21,712	74.86%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid ^d	2,331,210	DNC ^e	UA ^f	DNC	UA
Medicare	262,321	DNC	UA	DNC	UA
Health Resources and Services Administration (HRSA)					
HAB ^g	787,663	8,654	1.10%	7,774	89.83%
BPHC ^h	1,188,651	DNC	UA	DNC	UA
Indian Health Service (IHS)					
IHS/Tribal/Urban	51,535	87	0.17%	6	6.90%
Office of Population Affairs (OPA)					
Routine Services -95 Title X Service Grantees & Independent Grant Awards	1,371,181	2,121	0.15%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI ⁱ	39,519	DNC	UA	DNC	UA
CSAT TCE ^j	16,607	184	1.11%	112	60.87%
Department of Veterans Affairs (VA)					
	505,830	1,793	0.35%	DNC	UA
Total Number of Tests: 9,817,020					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.

b. (Number of Positive Tests/Number of Tests) x 100.

c. (Number of Persons with HIV Referred to Care/Number of Positive Persons) x 100.

d. Medicaid data from 2010 is presented in the 2013 testing table as it was the data most recently available from CMS

e. Agency does not collect (DNC) this data.

f. Data are unavailable (UA).

g. HIV/AIDS Bureau.

h. Bureau of Primary Health Care

i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)

j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services."

Table 2. Number of HIV Tests Conducted by Federal Agencies in 2014

Federal Agency	Number of Tests	Number Positive ^a	Percent Positive ^b	Number Referred to Care	Percent Referred to Care ^c
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,198,430	28,420	0.89%	21,843	76.86%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid ^d	2,403,423	DNC ^e	UA ^f	DNC	UA
Medicare	219,948	DNC	UA	DNC	UA
Department of Justice/ Federal Bureau of Prisons (DOJ/FBOP)					
	58,076	322	0.55%	319	99.07%
Health Resources and Services Administration (HRSA)					
HAB ^g	802,440	7,575	0.94%	6,798	89.74%
BPHC ^h	1,322,317	DNC	UA	DNC	UA
Indian Health Service (IHS)					
	96,602	111	0.11%	DNC	UA
Office of Population Affairs (OPA)					
	1,031,624	2,112	0.20%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI ⁱ	17,426	DNC	UA	DNC	UA
CSAT TCE ^j	10,530	81	0.77%	DNC	UA
Department of Veterans Affairs (VA)					
	319,999	665	0.21%	DNC	UA
Total Number of Tests: 9,480,815					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.

b. $(\text{Number of Positive Tests} / \text{Number of Tests}) \times 100$.

c. $(\text{Number of Persons with HIV Referred to Care} / \text{Number of Positive Persons}) \times 100$.

d. Medicaid data from 2012 is presented in the 2014 testing table as it was the data most recently available from CMS

e. Agency does not collect (DNC) this data.

f. Data are unavailable (UA).

g. HIV/AIDS Bureau.

h. Bureau of Primary Health Care

i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)

j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services.

Table 3. Number of HIV Tests Conducted by Federal Agencies in 2015

Federal Agency	Number of Tests	Number Positive ^a	Percent Positive ^b	Number Referred to Care	Percent Referred to Care ^c
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,038,074	27,729	0.91%	22,906	82.61%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid ^d	UA ^e	UA	UA	UA	UA
Medicare	237,244	DNC ^f	UA	DNC	UA
Department of Justice/ Federal Bureau of Prisons (DOJ/FBOP)					
	61,420	293	0.48%	291	99.32%
Health Resources and Services Administration (HRSA)					
HAB ^g	652,207	7,009	1.07%	5,936	84.69%
BPHC ^h	1,447,628	DNC	UA	DNC	DNC
Indian Health Service (IHS)					
	91,464	112	0.12%	DNC	DNC
Office of Population Affairs (OPA)					
	1,113,635	2,423	0.22%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI ⁱ	27,731	256	0.92%	199	77.73%
CSAT TCE ^j	8,892	57	0.64%	DNC	UA
CMHS/CSAP/CSAT - MAI-CoC ^k	4,575	31	0.68%	DNC	UA
Department of Veterans Affairs (VA)					
	270,635	488	0.18%	DNC	UA
Total Number of Tests: 6,953,505					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.

b. $(\text{Number of Positive Tests} / \text{Number of Tests}) \times 100$.

c. $(\text{Number of Persons with HIV Referred to Care} / \text{Number of Positive Persons}) \times 100$.

d. Most recent Medicaid data is from 2012 and is reported in Table 2

e. Data are unavailable (UA).

f. Agency does not collect (DNC) this data.

g. HIV/AIDS Bureau.

h. Bureau of Primary Health Care

i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)

j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services"

k. Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT) Minority AIDS Initiative (MAI), Continuum of Care (CoC). This program is jointly funded by all three SAMHSA Centers.

Table 4. Number of HIV Tests Conducted by Federal Agencies in 2016

Federal Agency	Number of Tests	Number Positive ^a	Percent Positive ^b	Number Referred to Care	Percent Referred to Care ^c
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,035,128	27,373	0.90%	21,451	78.36%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid ^d	UA ^e	UA	UA	UA	UA
Medicare	236,571	DNC ^f	UA	DNC	UA
Department of Justice/ Federal Bureau of Prisons (DOJ/FBOP)					
	61,671	203	0.33%	203	100%
Health Resources and Services Administration (HRSA)					
HAB ^g	563,400	5,826	1.03%	5,118	87.85%
BPHC ^h	1,612,535	DNC	UA	DNC	UA
Indian Health Service (IHS)					
	85,772	131	0.15%	DNC	UA
Office of Population Affairs (OPA)					
	1,163,883	2,824	0.24%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI ⁱ	23,280	189	0.81%	DNC	UA
CSAT TCE ^j	9,475	49	0.52%	DNC	UA
CMHS/CSAP/CSAT - MAI-CoC ^k	7,452	51	0.68%	DNC	UA
Department of Veterans Affairs (VA)					
	270,575	476	0.18%	DNC	UA
Total Number of Tests: 7,069,742					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.

b. $(\text{Number of Positive Tests} / \text{Number of Tests}) \times 100$.

c. $(\text{Number of Persons with HIV Referred to Care} / \text{Number of Positive Persons}) \times 100$.

d. Most recent Medicaid data is from 2012 and is reported in Table 2

e. Data are unavailable (UA).

f. Agency does not collect (DNC) this data.

g. HIV/AIDS Bureau.

h. Bureau of Primary Health Care

i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)

j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services"

k. Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT) Minority AIDS Initiative (MAI), Continuum of Care (CoC). This program is jointly funded by all three SAMHSA Centers

VAExecSec

From: (b)(6); (b)(7)(C) @hq.dhs.gov>
Sent: Thursday, August 15, 2019 11:30 AM
To: eWash-WHSR@nsc.eop.gov; 'DOExecSec@ios.doi.gov'; 'DOTExecSec@dot.gov'; 'DOJExecSec@usdoj.gov'; 'DOExecSec@doc.gov'; 'USDAExecSec@usda.gov'; 'ExecSecDOL@dol.gov'; 'ES.Central@hq.doe.gov'; EExecSec@ed.gov; 'VAExecSec@va.gov'; 'HHSEExecSec@hhs.gov'; 'DNI-Executive-Secretariat@dni.gov'; 'EPAExecSec@epa.gov'; 'OMBExecSec@omb.eop.gov'; whs.pentagon.esd.mbx.cmd-correspondence@mail.mil; TREASExecSec@do.treas.gov; FBIExecSec@ic.fbi.gov; dosexecsec@state.gov
Cc: ESEC-Internal Liaison; OPS Exec Sec
Subject: [EXTERNAL] DHS Memo - Appointment of a Federal Coordination Team for San Francisco New Year's Eve
Attachments: 19-3498 For Distribution - FCT Appointment Memo SF NYE + Atts 08.15.19.pdf

Good morning all,

Attached please find a memo from the Acting Secretary of Homeland Security regarding the Appointment of a Federal Coordination Team for San Francisco's New Year's Eve. This is being forwarded for your situational awareness.

Best,

(b)(6);
(b)(7)(C)

(b)(6); (b)(7)(C)

Office of the Executive Secretary
U.S. Department of Homeland Security
202-282-(b)(6);

(b)(6); (b)(7)(C) @hq.dhs.gov

1184248 / 19-3498

Secretary

U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

August 13, 2019

MEMORANDUM FOR: DISTRIBUTION

FROM: Kevin K. McAleenan
Acting Secretary

SUBJECT: Appointment of a Federal Coordination Team for the San Francisco New Year's Eve

The San Francisco New Year's Eve, a Special Event Assessment Rating level 2 event, is scheduled to take place in San Francisco, California on or about December 31, 2019, and will be a widely-attended, high-profile special event that will require significant coordination among federal, state, and local authorities.

I have appointed two members of the local federal community from the Department of Homeland Security to serve as Federal Coordinator and Deputy Federal Coordinator to coordinate federal support efforts for this event. Thomas Edwards, Special Agent in Charge, San Francisco Field Office, United States Secret Service, will serve as Federal Coordinator. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Supervisory Air Marshal in Charge, San Francisco Field Office, Transportation Security Administration, will serve as Deputy Federal Coordinator. Their appointments will remain in effect through the event's conclusion.

The two appointees comprise the Federal Coordination Team for this event and will serve not only as my local representatives, but also as the primary, although not exclusive, federal points of contact for facilitating coordinated federal support for the San Francisco New Year's Eve. The Federal Coordination Team will not impede or affect the authority of other federal officials to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, they will not direct or replace the local incident command structure. I am confident that the Federal Coordination Team will provide the leadership necessary for this event, and I request that you provide them with the fullest support in the execution of these responsibilities. Questions can be directed to (b)(6); (b)(7)(C), Chief, Special Events Program, Office of Operations Coordination, at 202-447-(b)(6); (b)(7)(C) or (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @hq.dhs.gov.

Attachments:

- A. Federal Coordinator Roles and Responsibilities
- B. Biography of Thomas Edwards
- C. Biography of (b)(6); (b)(7)(C)

www.dhs.gov

Appointment of a Federal Coordination Team for the San Francisco New Year's Eve
Page 2

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U.S. Department of Homeland Security
Office of Operations Coordination
Federal Coordinator Roles and Responsibilities

Appointed by the Secretary of Homeland Security, the Federal Coordinator (FC) serves as the Secretary's representative locally and is the primary, although not exclusive, federal point of contact for facilitating coordinated federal planning and support for designated special events. The FC may be supported by the appointment of a Deputy Federal Coordinator (DFC) and Alternate Deputy Federal Coordinator (ADFC), thus comprising a Federal Coordination Team (FCT). The FC will be appointed from a U.S. Department of Homeland Security (DHS) Component, and will be a federal executive from the event's district, whenever possible. If appointed, the DFC and ADFC will assist the FC and serve as successors if the appointed FC becomes unable to execute his mission.

Although there may be various levels of federal involvement, most special events are under the jurisdiction of state and local governments. The appointed FC is responsible for facilitating coordination of federal support with federal, state, and local government officials, and private sector event planners.

Specific FC responsibilities:

- Liaise and consult with state and local authorities on their event security and response plans.
- Ensure appropriate and coordinated federal support in response to federal-to-federal, state, and local requests for assistance.
- Maintain situational awareness of the event throughout the planning and execution phases and provide periodic updates to the Department.
- Contribute information on participating federal missions to the document known as the Integrated Federal Support Overview (IFSO).
- Act in an advisory capacity to local Incident Commanders in the event of an incident.
- Coordinate any public affairs or media inquiries with the Department's Office of Public Affairs through the National Operations Center (NOC).
- Participate in After Action Report processes conducted for the event.

The FC does not impede or affect the authorities of other federal officials to coordinate directly with their department or agency chains of command or to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, the FC does not direct or replace the local incident command structure. In the event of an incident, the FC will be on hand to coordinate any initial requests by the local Incident Commander for federal support and assistance. If the incident is serious enough to result in a Presidential Emergency or Major Disaster Declaration and the establishment of a Joint Field Office, the appointed Federal Emergency Management Agency (FEMA) Federal Coordinating Officer will coordinate the provision of federal assistance in accordance with the declaration and applicable laws, regulations, and agreements, and the FC will continue to serve as an advisor to the Unified Coordination Group operating within the declaration.

With the appointment of a FC, the Secretary of Homeland Security asks federal, state, and local agencies to cooperate and assist the FC in ensuring that an effective and efficient federal partnership results in an appropriate level of support for the event.

For further information contact: (b)(6); (b)(7)(C) @HQ.DHS.GOV: 202-282-(b)(6); (b)(7)(C)

April 5, 2019

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**Thomas Edwards
Special Agent in Charge
United States Secret Service**



Thomas Edwards was appointed to the Senior Executive Service in the position of Special Agent in Charge of the San Francisco Field Office in November 2018. He oversees the office's investigative and protective missions in Northern California.

Mr. Edwards previously served as the Special Agent in Charge of the Office of Congressional Affairs in Washington, District of Columbia. In this role, he was responsible for communicating and justifying the agency's legislative priorities to Congress, including annual budget requests, and new protective and investigative authorities. He was instrumental in passing legislation to formalize the U.S. Secret Service's National Computer Forensics Institute (NCFI) in Hoover, Alabama, which equips and trains state and local law enforcement personnel with the latest technology to conduct cyber and electronic crime investigations and forensic examinations.

Mr. Edwards started his 19-year career as a Special Agent assigned to the San Diego Field Office. Throughout his law enforcement career, he has served in a variety of management level positions including Assistant to the Special Agent in Charge of the Protective Intelligence Division; Assistant Special Agent in Charge, Office of Strategic Intelligence and Information; and Resident Agent in Charge of the Austin, Texas Resident Office. He was also a congressional detailee to the U.S. Senate Committee on the Judiciary, where he managed a legislative portfolio of law enforcement legislation regarding data breaches, currency counterfeiting, mortgage fraud, and the USA Patriot Act. He holds a Bachelor of Arts degree from the University of California, San Diego.

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(b)(6); (b)(7)(C)

**Supervisory Air Marshal in Charge
Transportation Security Administration**

(b)(6); (b)(7)(C)

Ms. (b)(6); (b)(7)(C) the Supervisory Air Marshal in Charge (SAC) of the Law Enforcement (LE)/Federal Air Marshal Service (FAMS) San Francisco Field Office (SFO) where she manages the daily field operations for a staff of 95 credentialed law enforcement officers and four support personnel. She also maintains internal and external relationships within her area of responsibility, which includes the eighth largest and seventh busiest Category X airport, three Category I airports, multiple critical infrastructure components, and spans a geographical area encompassing more than 350 miles.

(b)(6); (b)(7)(C)

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VAExecSec

From: Executive Secretariat <m-Executive.Secretaria@dol.gov>
Sent: Thursday, August 15, 2019 12:39 PM
To: VAExecSec
Subject: [EXTERNAL] Intergovernmental Transfer - Appeal for Resolution
Attachments: Monday, April 08th, 2019 (b)(6) docx; March 2019 Written Warning Package.pdf; VA Hospital Timeline for Assistance.docx; (b)(6) Thursday, August 15th, 2019.docx; July 25th Email Conversation.docx; EXAMPLES OF RECOGNITION DATA MINAPULATION. FALSE, ETC..docx

TRANSFER

To:
U.S. Department of Veterans Affairs
Office of the Executive Secretariat
810 Vermont Ave., NW, Room 1027
Washington, DC 20420

RE: (b)(6)

The U.S. Department of Labor, Office of the Executive Secretariat, is referring the attached correspondence to your office for appropriate handling. This correspondence was either misdirected, or the subject matter falls within your jurisdiction.

Sincerely,

Office of the Executive Secretariat

From: (b)(6)@sc.rr.com (b)(6)@sc.rr.com
Sent: Thursday, August 15, 2019 7:41 AM
To: (b)(6)@governor.sc.gov (b)(6)@governor.sc.gov; 'information@admin.sc.gov' <information@admin.sc.gov>; 'ofo.eeoc@eeoc.gov' <ofo.eeoc@eeoc.gov>; Webmaster DOL <webmaster.dol@dol.gov>; (b)(6) OASAM CRC (b)(6)@dol.gov (b)(6)@governor.sc.gov (b)(6)@governor.sc.gov;

'inspectorgeneral@eoc.gov' <inspectorgeneral@eoc.gov>; Executive Secretariat <m-Executive.Secretaria@dol.gov>;
(b)(6)@scott.senate.gov' (b)(6)@scott.senate.gov>
Subject: Appeal for Resolution

Good morning,

Please see attached correspondence and previously submitted information. Again, I appeal to you for assistance in complete resolution.

Thank you very much for your time.

God's Blessings to each of you.

April 8th, 2019

(b)(6)

You are certainly welcome. I too thank you and (b)(6) for your time and the opportunity to speak with you. I realize your schedules are very busy.

I am responding to your Follow up, regarding:

1. I am in partial agreement. However, I asked about key contacts that fall with my direct responsibility. Not knowing are being kept in the loop can adversely impact ones EPMs, job decisions and supervision of staff. Often it sends a contradicting message to staff and sometimes supervisors that they don't have to operate within the chain of command.
2. Respectfully, the response on many levels was insulting. The statements were false and presented in a factual manner. Please see below.
3. Respectfully, I do disagree and felt that your response to me on March 12th, 2019 did not promote a satisfactory or harmonious work environment. Primarily, the false statements and sarcastic manner. Additionally, I felt like the false statement encompassed: Misrepresentation of Facts, Improper Conduct or Conduct Unbecoming a State Employee and Willful False Statements.

My simple request was to have these statements retracted. While, I am very much appreciative of an apology it does not correct and or set the record straight. To be falsely accused is a very unpleasant and unjust feeling. It establishes an unfavorable picture of work ethics.

Respectfully, the underlined statements are stated as factual. There is no ambiguity. There is nothing to be misconstrued, misunderstood or misinterpret. The underlined statements are concise, well-defined and directly links adverse work behavior that mischaracterizes my overall work ethics. I can say with 100% percent of certainty that all underlined statements below are false and the attempt to link and show me as an employee that does not answer my phone or return calls/messages is a complete fallacy. And being a complete fallacy it does not in any way support the theory that I am misinformed because I do not do these things. It is primarily due to what is conveyed in Item 1 above.

The call was regarding the following.

In my March 08, 2019, in an email, I asked, "Can you please share with me the reason I am being overlooked when it comes to requesting or providing instructions to staff in Region 1. I provided 5 examples. I ended the email with, "please tell me if there is something I need to know. It is becoming increasingly odd to be informed by supervisors of instructions/information given directly to them, leaving them often asking me, "Did you know this?"

(1). You responded in March 12, 2019 email, "If you would speak to your supervisor and the other RDs", you would know that it is not unusual for me to reach out directly to the person who I need to communicate (including worker). In an email to Ms. My Response: via email dated March 12th, 2019, I requested specifics to show how this has bearing on what I asked in the email. In March 13th, 2019 email I asked for facts that the statement was based upon. I speak and have conversations with (b)(6) (b)(6) and (b)(6). I conveyed "the statement was not true and damages my character."

(2). You responded in March 12th, email, Also, I am aware of at least two occasions in the past three weeks where one of your Supervisors has attempted to reach you by telephone to give you preliminary

information on some of the issues you mention. However, you failed to answer your phone or return the calls. My Response: Regarding (2) and (3), via email dated March 12th, 2019 I conveyed that I completely disagree with your statement. I asked how this information was reported to you. I respectfully requested specifics date and time. In March 13th, 2019 email, I conveyed, "The only time I do not answer my phone is when I am unable to do so." I am requesting specifics regarding this statement and how did awareness come about? I conveyed that I had a right to know since it was being presented as an adverse behavior. So still as of today, I am requesting the date, time and the name of the supervisor(s) that attempted to call me in the past three weeks that I failed to answer or return their call and specifically what preliminary issues that I mentioned that this supervisors was calling to give me? How did the information come about? If so, how was the reason for me not answering the alleged calls identified and verified?

(3). You, responded March 12th, 2019 email, "Going forward, I recommend that you either answer a phone call from your Supervisors and/or return your Supervisors messages promptly. This will allow you to remain informed. My Response: In email dated March 12th, I added, like everyone that has a phone or and just as I pulled over to a parking space to answer a call, there are time when I am unable to answer the phone and I call back later or respond via email. If you leave me a message or email, I call or make contact with you. I could be out of the office, on a call, in a meeting or on the road driving or on sick/annual leave. I am no different from those that report to me, peers and those that I report too whom have not answered their phone for various reasons. In an email dated March 13th, 2019, I added, "out of 2 alleged calls, I would like to know if a record has been kept on all over 1,000 of calls that I have return. Again, I am requesting facts to validate that I fail to answer phone call from my supervisor and/or return supervisors' messages promptly

I ended the March 13th, 2019, "as my right, I am requesting facts on all these statements or they be retracted. Again, the tone of the response was so attack mode and not true. These was nothing mean-spirited or unprofessional regarding my email. I simply asked questions. Thank you.

Additionally Regarding the Email:

Respectfully, I stand behind the bully and slanderous statement as this is what I immediately and distinctly felt and still do today. Please see below:

Bully: Mistreatment of someone of a lower stature by someone, more powerful, etc., the actions and behavior. To treat someone in a cruel or insulting fashion resulting in fear. A repeat treatment.

- "If you would speak to your supervisor and the other RDs
- Also, I am aware of at least two occasions in the past three weeks where one of your Supervisors has attempted to reach you by telephone to give you preliminary information on some of the issues you mention. However, you failed to answer your phone or return the calls.
- "Going forward, I recommend that you either answer a phone call from your Supervisors and/or return your Supervisors messages promptly. This will allow you to remain informed.

The above first four statements are false. To be a recipient of four false statements so openly from a superior conjures up immediate fear for job, work reputation, disciplinary, etc. I did feel very insulted and it was cruel. The last bullet, I am literally being chastise based on false information. The fact that someone or you would become aware of adverse information and not allow me the opportunity to respond before making it a factual statement is mistreatment and unfairness on my behalf. Bullet 1 and 3 are with sarcasm, defensive and condescending. Bullet two is received as defensive. There is a

fundamental difference between the words "fail" and "unable". When you "fail": not do something; leave something undone. It is negative. If you are "unable" for whatever reason you are just not able to do. If I miss a call or it take time to return a call or message it is because I am unable to do so with a valid reason. False statements do not validate, support or illustrate the point of being misinformed.

Slander: Making false statements damaging to a person reputation; misrepresentation of character.

- "If you would speak to your supervisor and the other RDs
- Also, I am aware of at least two occasions in the past three weeks where one of your Supervisors has attempted to reach you by telephone to give you preliminary information on some of the issues you mention. However, you failed to answer your phone or return the calls.
- "Going forward, I recommend that you either answer a phone call from your Supervisors and/or return your Supervisors messages promptly. This will allow you to remain informed.

All statements above are false and depicts detrimental work habits that I do not possess. It is a malevolent mischaracterization of work ethics that has the potential of doing greater harm and to be use adversely against me in the future. Again, Bullet 1 and 3 are with sarcasm, defensive and condescending. Bullet two is received as defensive. There is a fundamental difference between the words "fail" and "unable". When you "fail": not do something; leave something undone. It is negative. If you are "unable" for whatever reason you are just not able to do. If I miss a call or it take time to return a call or message it is because I am unable to do so with a valid reason. False statements do not validate, support or illustrate the point of being misinformed.

My Perspective:

Respectfully, as I have previously conveyed. It seems that as it relates to me, there appears to the strategy to show me as in the wrong on a grand scale. There have been several examples shared. I received a disciplinary documents with false information, cited for a HR Manager II doing their job and told, in doing so told I allowed the action. I was made to sign a blank 114 HR Personnel transaction form in July 2016 just days after my refusal to sign the Written Reprimand in the same month. Had a TSA was taken way retroactively, while still performing the job and no break in service. In 2017, I received the worst evaluation, I ever received in my entire career, with reference to just general conversations. I was cited because I could not make the connection between an individual with two different names. In 2017 was told I was the reason for EEMS not reaching 100% completion, after making efforts to resolve and ensure all EPMS were due before going on vacation. And then having to use much of this time for bereavement due to the death of close family member. Received a second written warning for mistakenly thinking the Division had its own policy on this. Only days later for the Agency to send out such a Policy. Months later the Deputy informed supervisors on a call that for staff working outside and not turn in their Outside Employment form, to do so they were not going to get in trouble and will receive full amnesty. The Agency has a clear policy on Outside Employment. Not even realizing

who these staff were they and their prior history, they were given full amnesty. My point, I am certainly not against providing staff the amnesty. The point is being fair to everyone. And the case of false and/or manipulative data.

I am very private person and I have worked very hard for the past 30 plus years. I work very hard to promote an environment for staff that is transparent, show fairness and be productive. In my over 30 years, I have never witness an employee treated the manner in which I continue to be treated. I am polite and nice, but yet very effective in my job. I don't strive to be that way that is who I am. I have experience enough traumatic events in my life to not inflict or support adverse or unfair actions on anyone. And, yet I feel like it never stops. I feel like if I cough in a meeting, I will be written up for failure to maintain a harmonious work environment. And that is truth. I feel like every day, I am up against trying to maintain my dignity and not bend my back. I will maintain my dignity.

Again, thank you both for your time.

February 24, 2019

To:

The Honorable Governor Henry McMaster, Governor of South Carolina

The Honorable Pamela Evette, Lieutenant Governor of South Carolina

The Honorable Lindsey Graham, Senator for South Carolina

The Honorable Tim Scott, Senator for South Carolina

The Honorable James Clyburn, Congressman for South Carolina

Mr. (b)(6), Chief of Staff for the Governor of South Carolina

Mr. (b)(6), Deputy Chief of Staff for the Governor of South Carolina

Mr. (b)(6), Ombudsman for the Honorable Senator Tim Scott

Mr. (b)(6), Ombudsman for the Honorable Senator Lindsey Graham

Ms. (b)(6), Press Secretary for the Honorable Representative James Clyburn

On February 19th, 2019, I sent an email regarding data manipulation and falsification. Within that email I also expressed concern regarding the VA Hospital reaching out to DHHS for assistance with moving along pending Medicaid applications, in addition a phone call-in process for Long Term Care families visiting county offices.

Unlike with the data, I did not provide information to illustrate my concern regarding the Veteran matter. I remain deeply concern by the multiple request that the VA Hospital made for assistance. **On August 09th, 2018 at 8:54 am**, I received an email from the Chief of Social Work at the Dorn VA Medical Center. The email stated in part, *"as a hospital we are under high demand once the veteran is medical stable and placement is located to discharge in the community. It is now taking 7-9 months before a Medicaid application is process and approval obtained. We desperately need an outstation worker to streamline the process."* **On August 09, 2018 at 9:40 am**, I responded to the VA Chief of Social Work via email: *I do appreciate your interest in the Outstationed Worker Program (OSW). Please allow me to have some internal discussions regarding your request. I am scheduled to be out of the office August 10th and 13th. I will make contact with you upon my return. Again, thank you for the inquiry and the service you provide to our veterans. Have a wonderful weekend.*

Upon my return, on **August 14th, 2018**, via email, I notified the DHHS Director of LTC about the VA Hospital request and informed her that I was going to have a follow-up call with the VA Chief of Social Work on Thursday of that week. On **August 15th, 2018**, The DHHS LTC Director respond via email, that it was her understanding the agency did not intend to add outstationed workers. I made the LTC Director aware that the placement of a worker at an outstationed site is something that we could look at on an individual need. The LTC Director indicated that she would like to have a better idea of their onsite need and referenced prior discussions pertaining to outstationed sites, to include would an admin type worker on site to take and scan applications and answer basic questions be of any benefits to the VA Hospital. The DHHS LTC Director, conveyed that she would be happy to have a conversation with them.

I spoke with the VA Chief of Social Work upon my return, that week and she thanked me via email on August 20th, for reaching out to her. On **August 21st, 2018**, I emailed the VA Chief of Social Work with a copy to the DHHS LTC Director. In the email, I provide her with the name of the DHHS LTC Director and informed her that LTC Director oversee the Long Term Care Program and would like to have a conversation with her regarding her request and the process. I thanked the VA Chief of Social Work for the information provided and wished her a wonderful day.

On October 19th, 2018, (about 2 months later), I was copied on an email from the VA Chief of Social Work to the DHHS LTC Director. The VA Chief of Social Work, indicated: "we had a conference call on 9.4.18 to discuss how the Dorn VAMC could proceed with obtaining an Out-Stationed Worker on site at the medical facility. You explained during the call that it would be unlikely for us to move forward with the OSW Program at the VA as it was being phased out but you did agree to explore other options. I have not received feedback as of this date and continue to struggle with obtaining consistent information on pending Medicaid applications for Veterans hospitalized on the acute medical units that are essentially waiting on approval for placement. I will be glad to coordinate another call if needed and look forward to hearing back from you". I oversee the OSW Program and no has informed me the program is being phased out. I have even inquired and received no response

On November 09, 2018 (about three months later), I was copied on another email from the VA Chief of Social Work to the DHHS LTC Director. In the email again, she indicated, "I have not hear back from you and would really like to follow-up and explore options as we discussed on 9.4.19. Please advise."

On November 12th, 2018(over 3 months later), I was copied on the response from the DHHS LTC Director to the VA Chief of Social Worker. The DHHS LTC Director apologized for the delay and informed the VA that they would be able to use the Nursing Home Provide Liaison Center. That someone from BCBS, the contractor who runs the NHPLC would be reaching out to set up a call and provide guidance on how the inquired could be made.

On January 03, 2019, 4:34 pm (6 months later), I was copied on email from another employee of the VA Hospital to the DHHS LTC Director requesting a time to receive some training. She indicated the Chief of Social Work would be on leave until the next week but that she was available. That same day, on January 3, 2019 at 4:51 pm, the DHHS LTC Director responded, "what type of training are your requesting?"

On January 04, 2019, 7:35 am.(6 months later), the VA Rep. responded, "the training for the Nursing Home Provider Liaison Center in the email below. We haven't received instructions on how to access it. January 4, 2019, 8: 18 am, the DHHS LTC Director responded, "I was not aware that they had not reached out to you. I have a call with them today and will see what is going on."

On January 09, 2019, 9:28 am, the VA Rep. again email the DHHS LTC Director and asked, "Were you able to get information? Can we start to access them?" **January 09, 2019, 1:31 pm,** the DHHS LTC Director responded via email, "You should hear from the Liaison Center if you haven't already with instructions. I spoke to them the other day. Based on our conversation they had reached out to the Chief of Social Work back when this was first discussed but had not heard back. **January 09, 2019, 8:46 pm,** the VA Chief of Social Work responded, "Thank you for following up. I honestly don't recall being contacted as of this date but have been out of the office throughout the Holiday so it's possible an attempt was made. If we didn't receive a telephone call from the Liaison Center is there a contact number for us to reach out to them?"

The initial request for assistance with Medicaid applications from the VA for veterans was made in **August 2018.** During that time according to the VA Chief of Social Work they were behind 7-9 months with applications. Based on the emails that I were copied on in January 2019 the process still had not been finalized. Factoring together the 7-9 months and the five months from August 2018 to January 2019, that would be approximately a year of possible delayed service. Also, the VA Chief of Social Work conveyed on August 20th, 2018 that the average number of Medicaid applications per month was 15-20.

In an email, February 7, 2019, to the EEMS Deputy Director, etc. I mentioned that *I would be remiss, if I did not make known that I hope the process that is in place address the VA Dorn Hospital application is working. I could not think of a more deserving population than the men and women who served our county and vowed to protect us all.*

I cannot sit by and not say anything on behalf of our veterans. Deserving men and women that are now in need of medical care from their home state. The thought of an Agency that is in a position to assist in this most critical area, not doing so or delaying that service is simply unthinkable and extremely disheartening. Our Veterans battle illnesses from forms of cancer, depression, paralysis, limb loss, loss of sight and hearing, burns, etc. They deserve better.

My plea to you again as I did February 19th, 2019. I have worked in this line of work for over 30 years with DSS and DHHS and I have never seen what appear to be a lack of empathy and disconnect from the community. To again include the LTC phone system in the county offices. This email is not sent to single anyone out. I have conveyed this more than once. This is not my purpose. I don't get any form of satisfaction from these type actions. Simply Some guidance is needed.

Yet, for myself, I still await a response to the emails that I have sent. I will continue to send my certified packages to the US and South Carolina Congress and Civil Rights groups. I had place some of this behind me. . I was instructed to target another female to fire. When I refused, I became the subject of the same type of targeting. I was told to my face that I was inferior to a male based on driving abilities, had my income take away retroactively, while giving the men more income and for public humiliation made to report to my peer. The only one doing so in EEMS. I was literally written up, signed by the EEMS Deputy Director and HR Director II for following the HR Referral process that managers follow even as of today statewide in state government and the private sector. That is where there is a HR matter report it to the HR Manager. Which I did and the HR Manager made a decision based on HR policy and took the action. Literally the HR Manager II literally made the call to convey the decision and I received the written warning and told I should not have allowed the HR Manager to make a call. I have never heard such thing before in State Government. The written warning even contained a false statement regarding the orientation date of a supervisor. Then the written warning contradicted itself, saying at one point I solely make a decision and then again it stated I should gotten advice. They turned around and wrote me up again, for a 1.75 (2) toll ticket that I was of the understanding, we had the option to have toll paid out of an Agency Account. Afterwards the Agency sent out a DHHS State Vehicle Policy, to clarify this for employees. Next, followed by an announcement on a supervisor call that employees who violated the Outside Employment Policy were to just turn in their completed form and receive full amnesty. Even took the time on the call to provide clarification to staff. This action alone negates any form of disciplinary action administered. I am requesting these be nulled and voided as it clearly shows a disparate treatment. I feel the treatment remains today and there is an effort to continue to take away job functions and county staffing from under my supervision. The Agency is being allowed to victimize me for being a victim, who attempted to do right. I will continue to be professional, cordial and do my job. I believe justice will prevail. I will continue to share my story until it is.

Thank you.

(b)(6)

From:
Sent:
To:
Cc:
Subject:

(b)(6)

Thursday, July 25, 2019 2:51 PM

(b)(6)

FW: (b)(6) has taken action on evaluation 2019 Universal Review

(b)(6)

Sir, I would very much like a response to this email. I have not copied (b)(6) however, I have copied the Director, Deputy and HR Manager II.
Thank you.

(b)(6)

Program Manager II

(b)(6) @scdhhs.gov

803-898-(b)(6)

cell: (803) 497 - (b)(6)

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From: (b)(6)

Sent: Wednesday, July 03, 2019 10:11 AM

To: (b)(6) @scdhhs.gov

Cc: (b)(6) @scdhhs.gov; (b)(6) @scdhhs.gov; (b)(6) @scdhhs.gov; (b)(6)

(b)(6) @scdhhs.gov

Subject: RE: (b)(6) has taken action on evaluation 2019 Universal Review

Good Morning,

I am in receipt of the 2019 Universal Review EPMS below. I have opted not to sign the review and request that this email be a permanent part of my 2019 Universal Review file.

Please see below:

Job Function: Attends meeting and training sessions as required: Regarding statement, "During the next rating period, it would benefit you to stay at statewide meetings until they are over. I know that circumstances and events can sometime alter plans, but these statewide meetings were very important with a lot of information being shared with managers. Staying at these meetings for the full session would eliminate the need to later ask questions already answered." I am requesting the names and dates of the meeting that are referenced that I did not stay until they were over and questions that I asked already answered. I recall leaving the Employees Feedback meeting on May 30th, 2019 due to becoming ill that falls under my approved FMLA /sick leave which I entered. I made attempts to speak with you prior to leaving but was unsuccessful. I informed two of the Region 1 Managers that I

was leaving and followed with a phone message to you on May 30, 2019 at 10:53 am. In the message, I stated, "not feeling my best". If this is the case you and well as Agency as this review went through the signature and approval process of several have used my FMLA (EEOC) approved rights and possible ADA rights as a negative factor against me. To state that it would eliminate the need to later ask questions already answered, is chastising me for using approved FMLA Medical leave due a condition out of my control. I am being told that requesting information as a result of being ill is something negative. Again, I am formally requesting specifics on these two statements.

Job Function: Responsible for ensuring Eligibility determinations meet accuracy standards as defined by the EEMS Quality Director. Regarding the statement, "Maintains harmonious, professional and helpful working relationships with coworkers, providers, supervisors and the general public 100% of the time." On last year's review harmonious and professional were used. This year only the term, "professional". I would like to know specifically why?

Again, in Overall, it is stated that should continue to increase my presence in the Region. Hopefully, my complete county visit schedule was reviewed for the last fiscal year. No matter what office, I am, I take the time to work.

My 2018 and 2019 review are very much similar. There appear to be a point to reference the MTC Supervisor Certification. Hopefully it is noted on all EEMS reviews. In particular, "Finding the Supervisor Within, page 5, Defining Performance Expectations, Evaluating Performance, Leading Work Teams. The overall content is very much similar to CPM. There is a focus on fair treatment of all staff.

From July 2018 to July 2019, I did not have one individual conference and no one-on session regarding my performance. I recall one Regional Director's Meeting on June 13th, 2019. No guidance, coaching nor expectations. The EPMS should not be a surprise. But, it was. For years, I allowed supervisors to participate in midyear mock reviews and we would discuss the outcomes, in order to make sure we were all on the same page regarding performance and expectations. Once the review is release to let them, I send an email to find out if they would like to have a discussion. I would never just let the review show up on their dashboard. The lines of communication were open, performance and expectations are discussed. It is a professional courtesy.

Thank you.

(b)(6)

Program Manager II

(b)(6)@scdhhs.gov

803-898-(b)(6)

cell: (803) 497-(b)(6)

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From: donotreply@neogov.com [mailto:donotreply@neogov.com]

Sent: Monday, July 01, 2019 6:08 PM

To: (b)(6)@scdhhs.gov

Subject: (b)(6) has taken action on evaluation 2019 Universal Review

NEOGOV

(b)(6)

From:
Sent:
To:
Cc:
Subject:

(b)(6)

Thursday, July 25, 2019 2:35 PM

(b)(6)

RE: [REDACTED] DHHS Office Changes

(b)(6)

I thank you for your response. I would like for you to know that your entire response and the stand that you have taken is completely wrong and I do contest it. It is unfortunate that you viewed me sending an email and copying (b)(6) as an attempt to go around you and state that is not appropriate, when that is so very not true. First, it is not out of the ordinary to copy managers on emails. You and I both can go into history and pull up several emails showing this. You have communicated to supervisors that report to me directly and they have to you. We do this fairly often as an Agency. It has been conveyed that we can copy/contact the Director, HR, etc. I have opted to do so on this email.

When you were leaving, I asked you, would you like to discuss the email. You were very evasive. You did tell me that someone had contacted you regarding space in [REDACTED] and that you would be discussing with (b)(6) you did. I simply...simply after you left, thought about your meeting with (b)(6) and took upon myself to send both of you an email with additional information that I felt was important. You, know it's not out of the ordinary for me start an email with a reminder of my request. Again, I did not view that as anything out of the ordinary. I received two emails from (b)(6) on Monday, July 22, 2019 which stated "Please continue to communicate with us as solidify roles and another response" and another one, "We appreciate the feedback and thank you for being such a committed partner in this process. Please let me know if any additional questions". Per, your instructions below I will discontinue copying (b)(6) It would not be fair if this is not conveyed to everyone at least in EEMS.

Yes, you asked for travel plans on July 17, 2019. I recalled you to say travel reports for the ending week of July 19, 2019. I apologize if I did not hear you give a deadline, but I did not.

I will search for emails and/or notes on the discussion with (b)(6) regarding blending [REDACTED] and his staff in with staff on the main floor. I can attest to is that these instructions and conversation took place during my last conference call with (b)(6) while I was in the Newberry office. We have had conversations with DSS and I have had ongoing conversations with [REDACTED] and [REDACTED]

I would like for everyone on the this email to know, that this is what I feel. I feel blackballed, attacked and harassed for the smallest thing that I do. It does not matter what I do, from some it's the negative that is highlighted and not the positive. I am a dedicated employee and work hard. I don't go around telling lies and/nor do things underhanded.

Thank you.

(b)(6)

Program Manager II

(b)(6) @scdhhs.gov

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cell: (803) 497-(b)(6)

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From: (b)(6)

Sent: Thursday, July 25, 2019 1:14 PM

To: (b)(6) @scdhhs.gov; (b)(6) @scdhhs.gov>

Subject: RE: [REDACTED] DHHS Office Changes

(b)(6)

I asked you yesterday to hold off until we had an opportunity to discuss. Sending an email to (b)(6) after I responded in email and spoke verbally to you about requested [REDACTED] changes is not exactly following my instructions. This appears to be an attempt to go around me and that is not appropriate. So, here is what we will do moving forward.

Effective Immediately, you will follow your chain of command. All questions you have related to work processes, county operations, and any Local Eligibility Processing Issues/concerns should be forwarded to me first. I will forward them up the chain if necessary. You should know that copying Elizabeth will not be viewed as sending to me first, as instructed.

Later today, all Regional Directors will receive appointments for individual conferences throughout the remainder of this year. These will be in-person conferences and mandatory. If you are unable to attend a conference, please notify me 24 hours in advance and in writing with an explanation as to why you are unable to attend. I will send out topics and a format for conference discussions before your first scheduled session/conference.

During our conference call on July 17, 2019, all Regional Directors was asked to provide their travel plans for the upcoming week by close of business Fridays. This request was for Friday, July 19, 2019. You forwarded me your schedule on July 22, 2019. As a kind reminder, I expect these plans by close of business on Fridays.

Regarding the requested [REDACTED] office changes, please forward me any emails from last year related to this approval. I have researched, but unable to find a reference or proposal for these [REDACTED] changes.

Thanks for the help.

(b)(6)

PROGRAM MANAGER II

SOUTH CAROLINA

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f b p

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From: (b)(6)@scdhhs.gov
Sent: Wednesday, July 24, 2019 7:00 PM
To: (b)(6)@scdhhs.gov; (b)(6)@scdhhs.gov
Subject: RE: [REDACTED] DHHS Office Changes
Importance: High

(b)(6) and (b)(6)

I would like to ask that you please provide me with a response on this, since this was placed on hold. This project was given final approval over a year ago. As, indicated at one point we thought we had secured the space but DSS later claimed it. We continued to assess the building for space. I discussed this with [REDACTED] several times in the past and shortly with [REDACTED] after she acquired [REDACTED]. I asked [REDACTED] to continue to assess the office for space to relocate [REDACTED] and his staff to the main floor with other staff.

I understand, DSS recently made one of their conference rooms, into office space. It would be one of the two that we have used in the past. Now, with DSS as large as they are having only one conference room and Medicaid not having any, this increases the need for a change in order for us to have own conference room for things such as Employee Feedback sessions, individual conferences, meetings, etc. This also will give [REDACTED] the opportunity to participate in lobby(quarterbacking, etc.) duties as the other supervisors and provide his staff with additional peer support.

I spoke with [REDACTED] and she welcome this change since she no longer supervise [REDACTED] managers. It will take her out of the mix. [REDACTED] is supportive, also.

Again, please let me know what else is needed to move forward.

Thank you.

(b)(6)
Program Manager II
(b)(6)@scdhhs.gov
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cell: (803) 497-(b)(6)
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(b)(6)

From: (b)(6)
Sent: Monday, March 12, 2018 9:43 AM
To: (b)(6)
Cc:
Subject: FW: Friday Meeting, March 9th, 2018
Attachments: SKM_C45818031210390.pdf

Mr. (b)(6) and Ms. (b)(6)

Please see attachments regarding the meeting on Friday, March 9th, 2018. Please reference item 8 on the To-Do-List. I often make quick handwritten notes at my desk. Again, anyone is welcome to view the original list as you will be able to see it was previously written.
Thank you.

(b)(6)

Program Manager II

(b)(6)@scdhhs.gov

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From: 10.58.129.203@scdhhs.gov [mailto:10.58.129.203@scdhhs.gov]
Sent: Monday, March 12, 2018 10:40 AM
To: (b)(6)@scdhhs.gov
Subject: Message from KM_C458

March 11, 2018

Mr. (b)(6), DHHS EEMS Director
Ms. (b)(6) DHHS Human Resources Director

Re: Friday, March 9th, 2018 Meeting

Respectfully Mr. (b)(6) and Ms. (b)(6)

I request to have information submitted that I conveyed on Friday, March 9th, during our meeting:

- That around April 2017, I had a discussion with my daughter regarding tolls due to a surprisingly high toll bill that I had received (attached copy of bill). I informed my daughter that unlike my place of employment that has account for such charges, that we are responsible for payment. During the winter break, I asked my daughter whether or not there were any more toll charges. As a result of our second conversation it prompted me to check. I added to my to-do list to check on tolls (attached a copy of January 29th, 2018 to-do-list). Anyone is welcome to view the original list. You will see that it was written some time ago. I was prompted by the items on this list when I saw the title Travel with the term "Fiscal" behind first on February 23rd. When I responded to the email on February 26th, I made the inquiry.
- The Documentation mentioned my email response on February 27th, 2018 but it failed to include the initial email that I sent on February 26, 2018 in which I copied Mr. (b)(6) in that I requested clarification on the policy. By which I indicated, *"I traveled to Pickens during the latter part of last year and used the left lane for automatic billing to the state. It's my understanding with state vehicle you have that option. Do you know if there is the option to use the state credit card for toll or should I in the future use the regular lane, pay and complete a travel voucher and receive reimbursement?"*
- On February 27th, 2018 I received the response and clarification from (b)(6) at *"We don't have toll booth passes for state vehicle. As far as paying and reimbursement, you would need to follow up with fiscal. My follow up question as indicated on February 27th, 2018 was "Can you check for toll charges for February 09th, 2018 and October 27th, I will pay the fee and follow the reimbursement process. Mr. (b)(6) provided the clarification. I also called the Southern Connector and spoke with Ms. (b)(6) who informed the toll had been paid through an Agency's Account."*

(b)(6)

3.11.18 1

I did not intentionally pay this toll. It was on a to-do list and a result of a misunderstanding. I was in the process of addressing the issue when presented with the document on March 9th, 2018. I do believe we all could have benefited by a conversation prior to March 9th, as afforded in the past. I am concerned, because I do feel like I am under a microscope and being subjective to a more punitive action.

I have been a state employee for over 34 years and it is unfortunate and very disheartening to me that the Agency would viewed this as an intentional violation on my part. I would never put myself in a position to jeopardize my reputation and employment and certainly not for \$1.75, plus approximately \$12.00 dollars Admin fees. I am a mother of two daughters in college, with goals for a future in law and medicine. I have a single mother who passed (very difficult) away just one month before this incident, who instilled in me the importance of accountability, so in addition to my responsibility as an adult., employee, my responsibility to my daughters and mother; there is no way that I would conduct myself in a manner unbecoming of a state employee or willfully violate written rules, regulations or policies in this or any other matter.

Last, I am forwarding a money order to the Agency for \$30.00 to pay for the \$1.75 toll (twice) and the approximately \$12.00 as Administrative fee. As a result of this and it weighing so heavily on me all weekend; I have to return these fees. If nothing else, I respectfully donate these funds to the Agency to be used towards a good cause such as our Wellness Program or helping those in needs. It is also my wish that the Agency would reconsider their stand on this matter.

Thank you for your time.

Best Regards,

(b)(6)

Cc: Ms. (b)(6) DHHS EEMS Deputy

Ms (b)(6) DHHS Human Resources Deputy

(b)(6)

3.11.18 2

**SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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AS007.00 South Carolina Health and Human Services State and Rental Vehicle Usage Policy and Procedures

Policy Statement SCDHHS will maintain a process to ensure State and Rental Vehicles are properly utilized by Workforce Members.

Policy Effective March 15, 2018

Applies To All SCDHHS Workforce Members

Purpose To establish guidelines and procedures for the use of State and Rental vehicles. This policy applies to all Workforce Members. Facilities Management and Resources is responsible for establishing and enforcing policies regarding the use of State and Rental vehicles to conduct business for SCDHHS. The implementation of this policy will require the cooperation of all Department of Health and Human Services' Work Force Members to make the policies and procedures set forth herein work as smoothly and efficiently as possible.

007.01 Official Use of State and Rental Owned Vehicles

State and Rental owned motor vehicles are authorized for use in the performance of all travel or tasks necessary to accomplish official State business that is within the rated design capability of vehicle. Use is not authorized for unofficial travel or tasks, the transport of unauthorized persons or items, personal business or the performance of tasks outside the rated capacity of the vehicle.

Drivers will abide by applicable State and Federal laws while operating State vehicles. Posted speed limits will be observed and traffic signs and signals will be obeyed.

007.12**Accidents**

All Workforce Members involved in an accident while driving a State vehicle must follow reporting procedures contained in the log book. Once reporting procedures are followed, obtain a copy of the vehicle accident report and immediately contact the Facilities Management and Resources Vehicle Coordinator. All reportable incidents are reviewed by the State Accident Review Board (SARB). The SARB will make a determination as to whether the driver was "at fault" or "not at fault." If a ruling of "at fault" is issued, the Board may recommend either of the following:

- The driver be issued written counseling which must be forwarded to the Employees Direct Supervisor and the Office of Human Resources
- The driver attends a Defensive Driving Course within three (3) months; and the Department is assessed a fine up to \$200.

Additionally, if the Board finds that the employee was under the influence of alcohol, drugs, or other controlled substances which caused the accident, they may be held liable for the entire amount of damage to the State vehicle.

Rentals. Workforce Members involved in an accident in a Rental vehicle must follow reporting procedures as outlined in the rental agreement and maybe subject to driver corrective actions as stated above.

007.13**Traffic Violations**

All traffic violations and any resulting fines imposed on an employee are the personal liability of the driver and should be handled immediately. Parking tickets must be paid by the driver in a timely manner to avoid an increase in the fines.

All speeding and traffic violations result in fines are the personal responsibility/liability of the driver and should be settled immediately.

007.14**Complaints**

If a complaint is received alleging that a State or Rental vehicle was operated in an unsafe manner by an employee, the supervisor/manager of the driver must review the facts of the situation alleged in the complaint. If the supervisor determines that it is more likely than not that the employee was operating the vehicle in an unsafe or inappropriate manner, then, at a minimum, the driver must be counseled, regardless of whether the counseling is an informal discussion or a formal oral warning. Depending on the severity of the conduct, the number of complaints received against a particular employee and whether the employee has received prior disciplinary action, the disciplinary action may be more severe and may include revocation of the privilege to request a State or Rental vehicle.

**SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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HR 018.00 Outside Employment Policy and Procedures

EFFECTIVE: August 23, 2012

APPLIES TO: All Full-Time Equivalent (FTE), Temporary Grant, Time-Limited and Temporary Employees of the South Carolina Department of Health and Human Services (the Department)

POLICY

Employees of the Department of Health and Human Services (the Department) may not engage in outside employment except as sanctioned in this policy and associated procedures.

Outside employment is defined as any form of employment, business relationship or activity involving the provision of personal services for compensation, other than in the discharge of official Department duties. Activities may include but are not limited to, consulting, advising, testing, performing analyses or other similar work performed in addition to official Department duties or responsibilities.

This policy addresses outside employment, which is separate from dual employment. In accordance with South Carolina Code of Regulations Section 19-700, dual employment is defined as, an agreement by which an employee within a state government agency accepts temporary or part-time employment with the same or another state government agency. This policy is in addition to and does not exclude Department employees' responsibilities in accordance with the South Carolina Code of Ethics Rules of Conduct (SC Code §8-13-700, et seq).



OUTSIDE EMPLOYMENT POLICY AND PROCEDURES
August 23, 2012

1

**SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- D. Employee must not represent, nor claim to represent, the Department or its employees while engaged in outside employment. The employee must not claim to establish official Department policy or guidelines by participation in any form of outside employment.
- E. Employees must not engage in outside employment as a consultant to any person or entity in an attempt to circumvent the above described conflicts of interest.
- F. Employees must not engage in outside employment which constitutes an unauthorized practice for state employees under the laws or policies of the state.
- G. The employee must not use his or her position with the Department, nor any information gained as a result of his or her Department position, to secure, continue, promote or otherwise affect the outside employment.

18.02 Request Procedures

-  A. To request approval for outside employment, the employee must submit a completed Outside Employment Request Form to his or her direct supervisor. Upon receipt, the direct supervisor is responsible for submission and recommendation to the Department's Office of General Counsel for review and final approval. 
- B. If the employee was not engaged in outside employment prior to the effective date of this policy, the employee must receive written approval from the Office of General Counsel prior to engaging in any outside employment.
- C. If the employee was engaged in outside employment prior to the effective date of this policy, the employee may not continue the outside employment if such employment is disapproved under this policy. If an employee's outside employment is approved, the employee must:
 - 1. Reapply for written permission if the nature of the outside employment changes at any time;
 - 2. Notify his or her supervisor, in writing, should the employee's supervisor change; and
 - 3. Notify his or her supervisor, in writing, when the approved outside

OUTSIDE EMPLOYMENT POLICY AND PROCEDURES

3

August 23, 2012

Thursday, August 15th, 2019

To:

(Via Agency Fax)

Mr. (b)(6) Agency Director, SC Department of Health and Human Services

Ms. (b)(6) Deputy Director, Human Resources, SC Department of Health and Human Services

Thru:

(Via Email)

The Honorable Henry McMaster, Governor of South Carolina

The Honorable Alan Wilson, Attorney General of South Carolina

The Honorable Sean M. Bennet, SC Senator and Chairman of the Ethics Committee

Mr. Joseph N. Mazzara, Acting Executive Secretary, US Department of Labor

Ms. (b)(6), Executive Director, SC Dept. of Administration

Ms. (b)(6) Director, Human Resources of SC Dept. of Administration

Mr. (b)(6) Chief of Staff for the Governor

Mr. (b)(6) Chief of Staff for the Governor

Dear Mr. (b)(6) and Ms. (b)(6)

I have made known my treatment as an employee at the South Carolina Department of Health and Human Services, which I have viewed has been vastly unfavorable. I do apologize if I have come across as an irritant. However, that has never been my intent. I always made it a point to provide some form of supporting documentation, in order not to waste and be respectful of anyone's time. Additionally, I am certain if you walked in my shoes, you would do the same. I have started and stopped the process of contacting the entire General Assembly and media, as a result of support and advice given, to allow the Agency to address my concerns. This was an easy concurrence, because I have always wanted to work with the Agency.

Yet, I am compelled to contact you again and in transparency, due to the latest occurrences that continue to be detrimental to my health daily and causing deterioration. I feel that I have no other choice and being forced to take a leave of absence in order to preserve my health and prevent impairment. I have suffered.

Therefore, I respectfully ask for a personal review of my situation by our Honorable Governor and Attorney General. I would like for finality to my situation that has been going for over four years.

- Mr. (b)(6) and Ms. (b)(6) on July 25th, 2019 you were copied on an email to my direct supervisor. The response to me was based on the worst possible conclusion anyone could reach regarding false intentions and actions. It was completely untrue. As a result, aggressive and demeaning punitive were placed upon me. What made the response even more disturbing and difficult to digest was that what I did was not out of the ordinary. It was not the first time I sent my immediate supervisor an email and copied EEMS Deputy Director. Yet, instructions handed to me were that, "*effective immediately, I am to follow my chain of command. All questions I have related to work processes, county operations and Local Eligibility issues/concerns should be forwarded to my supervisor first. Then my supervisor will forward them up the chain if necessary. I should know that copying the Deputy will not be viewed as sending to my supervisor first as instructed.*" I am still today astonished by this response, which has not been rescinded and appears to apply to no-one else. To me again, this is a mere situation chosen to make an issue out of for harassment and intimidation. It is a repeat of prior fault-finding.
- I have inquired approximately 4 times regarding what I deemed as punishing comments on my EPMS that was received in July 2019. First, comments regarding me leaving statewide meetings and as a result of this asking questions. I have requested the names and dates of these statewide meetings, as the timeframe in question is this past year. Therefore, the specifics should be readily available. Yet, as of today, I have not received this information. I have been completely ignored. I am aware of leaving one statewide meeting due to FMLA Sick Leave. I reported that I was not feeling well appropriately and entered my leave in as FMLA Sick Leave, which was approved. This is devastating to me, because I did not choose to have a medical condition. Nor would I take leave if I was able to work. That is my reason for applying for the coverage. As a result of such remarks alone, I am now paranoid and reluctant to take FMLA sick leave, even when I am feeling my worst. I have contacted the US Department of Labor.
- Secondly on my EPMS, are comments directing me to work out of the Newberry DHHS two days per week. That is essentially moving my work site to an office which is in violation of the Involuntary Reassignment- the movement of an employee's principal of State Human Resources Regulations of employment in excess of 30 miles from the prior workstation at the initiative of the Agency.
- Last month, we were notified that meeting with C&I Private Company have resume. I respectfully ask and implore you to excuse me from directly meeting with this company. I have not found this company to provide accurate nor fair data when it comes to the counties I represent nor myself.
- I am still awaiting my Planning Document.

It is important that you again know that I gain no sense of accomplishment nor pleasure out of the chastisement of others. When mistakes are made that are not intentional nor egregious, there should be consideration to educate, train and rehabilitate employees. There are times when mistakes are made out of haste, poor judgement, etc. Actions should be weight carefully and methodically. I personally do not feel like the prior HR Office operated under these principles. I continue to relive past events that I have attempted to put in the past and move forward. The incident of suddenly making the act of me copying the EEMS Deputy an issue and aggressively penalizing, controlling and silencing me and comments on my July 2019 EPMS are all too familiar. All this harshness, seems to be a continuation of occurrences in the not so recent past.

As you may recall, In May 2015, I was given instructions by the former EEMS Deputy to find ways to take adverse action on a former manager of the Horry DHHS Office. Yet, I knew based on who I was that I was not going to target anyone for termination. This proved to be an overpowering and consuming challenge that one could not even fathom unless you experienced it. For over a year, while fulfilling my duties of supervising two Regions as well as other management obligations, I had to constantly answer the question, "how is this manager doing...is she going to make it; while supervising a manager who highly suspected something was going on and as a result made her supervision more intricate. I anticipated some level of retaliatory actions for this but failed to conceptualize how severe and ongoing it would be.

As, once it became obvious that I was not going too engaged in such unethical acts, the deleterious treatment towards me began. In 2016, I was given a written warning with a false orientation date for a supervisor, referring to the former EEMS HR Manager II, as a HR Liaison, diminishing her role and stating that I allowed the EEMS HR Manager II to make a call to a Vendor Temp Agency to release a vendor with a medical condition. An EEMS HR Manager II, whom reported that her EEMS Supervisor (PMII EEMS Manager, as myself) at that time also called the Vendor Temp Agency management to inform them her(EEMS HR Manager II actions was regarding the vendor temp release was valid. This was an EEMS HR Manager II who also overseen the Vendor Temp Program. I followed the same process that I, as well as managers, statewide and in other state agencies followed in that once an HR action was brought to my attention, I reported it to the EEMS HR Manager II. Whom in return research HR policy, informed me of the decision and because it was an HR matter took it upon herself to carry out the action and informed the Vendor Agency accordingly. This incident of what could have happened, should have never been used as a punitive action for anyone. In a contradiction, one statement on the document conveyed that I alone was responsible for making such decision and another statement says, I was responsible for consulting others. Attempted to make an unrealistic issue regarding county visits, when no prior instructions were given. Only to deviously and covertly add a one line on my next evaluation document. Yet, these are not all the inconsistencies on the document and as of today remain in my file. Because of this I cannot resist entertaining the thought of what else damaging has been added to this occurrence or

my file that I am not aware and presented to others in support of false and contradictory statements. The fact that someone has to rely on any level of dishonesty in a disciplinary action must be a red flag and not acceptable.

In 2018, I was presented with another written disciplinary for going through a toll, as I had the understanding employees had the option of using an Agency account. I would never jeopardize my employment for about 1.75. All I conveyed with some verification. Yet, within weeks afterwards, an internal policy was issued providing clarifications and information to all employees. Information that I would benefited from and not made a honest mistake. Then on a statewide Supervisor Call the former EEMS Deputy Director granted amnesty to anyone who had violated the Outside Employment Policy, which is listed under the Agency Human Resources. Yet, the Agency has again remained quiet on this issue, which is prejudicial treatment to everyone that have received any form of disciplinary action. Another aspect of that 2018 administration of the written warning is that I sat on an interview panel that morning with my supervisor and an HR Representative and at the end of the interviews, was presented with the written warning. That was a callous act and has caused me to be very apprehensive, distrustful and dreadful of some Agency meetings, especially HR.

Earlier this year once again, I came to face with dishonesties in writing regarding my job ethics, when I received an email from the former EEMS Deputy Director with false accusations. This within itself should serve as valid reasons to question not only punitive but other actions carried out under this tenure. I share this, because interactions with employees on all levels combine with a self-reflection has taught me that it is Leadership responsibility to make it right for all employees, especially when there is a question of wrong by Leadership.

The Agency has failed, not only me, but all employees. No response nor action is a very distinct and powerful response. In doing so continue, to send a clear message that certain employees as well as I are undervalued as an employees. This has been very disappointing.

I will continue to work in a cordial, responsible and professional manner as I proudly serve our employees and the citizens of South Carolina.

Thank you for your time.

Best Regards

(b)(6)

EXAMPLES OF RECOGNITION DATA MINAPULATION, ERRORENOUS, Etc.

(Note: Chart same as spreadsheet)

MIDLANDS PROCESSING CENTER					
January 07 th – January 11 th , 2019			January 14 th – January 18 th , 2019		
	Chart	Narrative		Chart	Narrative
Completion Rate	82	82	Completion Rate	80	82
Avg Trans Time	43	43	Avg. Trans Time	42	43
Avg Case Per Day Per Staff	10	9	Avg Case Per Day Per Staff	8	9
Potential Utilization	76	76	Potential Utilization	68	76
Actual Utilization	80	80	Actual Utilization	78	80
Avg case per day per staff differs			No matching data. According to chart does not quality. Same data use for the 11 th and 18 th week.		

MARION DHHS					
January 07 th – January 11 th , 2019			January 14 th – January 18 th , 2019		
	Chart	Narrative		Chart	Narrative
Completion Rate	83	83	Completion Rate	72	72
Avg Trans Time	34	34	Avg. Trans Time	36	34
Avg Case Per Day Per Staff	10	110	Avg Case Per Day Per Staff	9	110
Potential Utilization	68	68	Potential Utilization	70	68
Actual Utilization	85	85	Actual Utilization	73	85
Avg case per day per staff differs (110?).			All differs with the exception of completion rate. Avg case per day per staff differ with 110 duplicated....used again (110?)		

CHARLESTON PROCESSING CENTER					
January 14 th – January 18 th , 2019			January 21 – January 25, 2019		
	Chart	Narrative		Chart	Narrative
Completion Rate	73	73	Completion Rate	69	73
Avg Trans Time	33	33	Avg. Trans Time	36	33
Avg Case Per Day Per Staff	10 (12)	10	Avg Case Per Day Per Staff	10	10
Potential Utilization	63	63	Potential Utilization	69	63
Actual Utilization	79	79	Actual Utilization	81	79
Avg. Case Per Day Per Staff differs on 1.21 spreadsheet, when listed in the prior week shows as 12.			Same data used for both weeks. All data differs with the exception of Avg. case per day per staff		

WEEK OF December 31st 2018 – January 04th, 2019

LEXINGTON DHHS	Chart	Narrative
Completion Rate	85	85
Avg Trans Time	39	39
Avg Case Per Day Per Staff	8	8
Potential Utilization	66	66
Actual Utilization	73	73
Did not qualify as did not meet the 9 set standard.		

LANCASTER DHHS	Chart	Narrative
Completion Rate	78	78
Avg Trans Time	41	41
Avg Case Per Day Per Staff	9	8
Potential Utilization	61	61
Actual Utilization	73	73
Did not qualify per narrative as did not meet the 9 set standard.		

LANCASTER PROCESSING CENTER	Chart	Narrative
Completion Rate	79	79
Avg Trans Time	36	36
Avg Case Per Day Per Staff	9	10
Potential Utilization	61	61
Actual Utilization	68	68
Did not qualify due to failure to meet the 70% Actual Utilization Standard. Avg cases process differs.		

York DHHS	Chart	Narrative
Completion Rate	76	76
Avg Trans Time	37	37
Avg Case Per Day Per Staff	11	9
Potential Utilization	72	72
Actual Utilization	72	72
Error as Avg. Case Per Day Per staff differs.		

Note: Listed Greenville Processing Center in error as meeting, as the case processed on average per day was 5. Should have been Greenville DHHS. The county meet all five criteria.

EXAMPLES OF REFERENCED CONVERSATIONS WITH C&I REGARDING DATA DISCREPANCIES

Note: Week of January 21st – January 25th, begins with Greenwood (Region1), with a completion rate at 65%, which is below the 70% - 90% standard. According to this number the county did not qualify and is the only county listed for the Region. Also shows only 1(county in Region 1 with an improvement rate above 10%. It follows a trend that when I questioned data, which I did on January 16th, 2019 and as I have done in past, that my showing and numbers decrease (see last entry on chart below).

Please see examples below, as well as other discrepancies.

DATE(S)	DISCUSSION
October 2017	I requested specific information regarding a utilization decrease from 78% percent to 68%. C&I's Response: <i>"My apologies first and foremost. We are sorry. For some reason when the utilization rate for August 2017 was determined the calculation was incorrect due to a box not being checked in the filter. Region 1's correct utilization for August 2017 was 62% and not the 75% reported."</i> I asked prior to that noticed the Processing Centers were not included as I noticed their performance numbers were very good. C&I's Response: <i>Adding both processing centers the regions utilization rate remains the same at 67%.</i>
December 2017	From C&I regarding November 2017 report. <i>We changed the format this month. As a result, we may be including or excluding some folks incorrectly, and utilization may be impacted. I am working with our data person to revise reports as necessary.</i>
January 2018	In January 2018, I reported a county observation when comparing numbers from the caseworker summary report, in which there number of cases claimed seems to be higher and a lower transaction. C&I Response: <i>I will review the report and see what I can find out. I am guessing the discrepancy is due to the reports only looking at core hours. The finish later cases can also account for some or the discrepancy. We initially developed the reports to show utilization. They are comparing Pathos utilization and the progress report utilization. We hope to start using the Pathos utilization in the next couple of months and then we should start seeing fewer discrepancies.</i>
January 2018	Email From C&I regarding December 2017 Progress Report R1. <i>We retooled the reports this month, so you will notice a slightly different presentation. The PMs and others have pointed out some discrepancies in production numbers on reports vs Pathos. Reports are pulling data from Pathos, so if we are looking at the same period of time, numbers should match. I have asked our data person to research what's happening. Let me know if you have any questions or if you see any folks missing or in the wrong place.</i>
February 2018	In an email to C&I, I followed up from the last meeting in order to share some examples pulled by the county supervisors as numbers on the reports were different. When one county used 21 days instead of 18 days the numbers were close to their report. When 18 days instead of 21 days counties utilization rates

	were higher. I conveyed supervisors were concern with the significant drop for 2017. C&I's Response: <i>I will see what light I can shed on the issue. I will also reach out to our data person again and see what he can find on the discrepancy issues. Stay tuned.</i>
October 2018	Email for C&I, Attached you will find updated progress reports for the month of September 2018. Based on questions from supervisors there was a <i>discrepancy</i> identified with the Utilization of Potential Attendance. After researching the question, it was identified that due to a system update applied in Pathos on Monday, October 1 st .
<u>December 2018</u>	I sent an email to ask if the 20 cases processing per day per worker in a county was correct. I added this caught us off guard and surprising as this county was not affected by the inclement weather, therefore the report showed incorrect processing numbers and the total numbers from the case worker summary were different from 235. C&I's Response: <i>Yes, based on the data. I spoke with the performance managers regarding Region 1 and the weekly recognition data. As a group we talked through the inclement weather days and delayed opening and decided that a 3 day work week is what we should allow specific to region 1 (Note: no input from the Regional Director). C&I's Follow Up Response (12.19.18, 4:46 pm): Yes, that is correct. We are using 3 days for all county offices. I can adjust that number if you would like me to. If an adjustment is made, it will have to be done for the entire region as we're unable to do that on an office by office level. Thank you for finding the discrepancy in the report. You all are also correct that the region case summary is slightly different than the office summary report. It looks like there are 2 additional cases given an approve or deny disposition that being counted on the office summary report versus the regional summary report. I will send this information on to our Pathos Support Team to see if they can find a resolution. C&I Responds again, (12.19.18, 10:00 pm): I just spent some time talking with our Pathos team and they've informed me that the information previously share is incorrect. Please accept my sincerest apologies. From my understanding after speaking with the team, we cannot use the office summary report to compare to the regional case summary report.</i>
<u>January 2019</u>	I questioned the weekly recognition process regarding "no contact" and "of note" recognition. I was concern as a result of one of my counties meeting four of the recognition standards. The only one missed was "average transaction times (25-50 min). The transaction time listed for the county was 24 minutes. One (1) minute short of 25. Yet, with December 31 st – January , for another Region there were 2 counties listed as meeting all five criteria with 8 cases worked per day per staff(below the 9). For the week of January 14 th , there was one county showing on the spreadsheet with 8 cases worked per day per staff; yet the narrative showed 9. There was 1 county listed with an Actual Utilization of 68% which is below 70%. All not eligible based on the criteria stated but listed by C&I under counties meeting all five criteria. C&I's Response: <i>We can focus on only the 5 criteria for the data or as leadership shared the regions can chose what they wish to recognize inside or outside of the provided data(the key is still data C&I provides). The note of items are identified as showing improvement of 10% or greater for completion rate, no contact rate, potential utilization and actual utilization. There were numerous recognitions of improvements under 10%.</i>

VAExecSec

From: (b)(6); (b)(7)(C)@hq.dhs.gov>
Sent: Thursday, August 15, 2019 12:44 PM
To: eWash-WHSR@nsc.eop.gov; 'DOIExecSec@ios.doi.gov'; 'DOTExecSec@dot.gov'; 'DOJExecSec@usdoj.gov'; 'DOCExecSec@doc.gov'; 'USDAExecSec@usda.gov'; 'ExecSecDOL@dol.gov'; 'ES.Central@hq.doe.gov'; 'EExecSec@ed.gov'; 'VAExecSec@va.gov'; 'HHSExecSec@hhs.gov'; 'DNI-Executive-Secretariat@dni.gov'; 'EPAExecSec@epa.gov'; 'OMBExecSec@omb.eop.gov'; whs.pentagon.esd.mbx.cmd-correspondence@mail.mil; TREASExecSec@do.treas.gov; FBIExecSec@ic.fbi.gov; dosexecsec@state.gov
Cc: ESEC-Internal Liaison; OPS Exec Sec
Subject: [EXTERNAL] RE: DHS Memo - Appointment of a Federal Coordination Team for the Consumer Electronics Show
Attachments: 19-3485 For Distribution - FCT Appt Memo Las Vegas + Att 08.14.19.pdf

Good afternoon all,

Attached please find a memo from the Acting Secretary of Homeland Security regarding the Appointment of a Federal Coordination Team for the Consumer Electronics Show This is being forwarded for your situational awareness.

Best,

(b)(6);
(b)(7)(C)

(b)(6); (b)(7)(C)

Office of the Executive Secretary
U.S. Department of Homeland Security
202-282-4111 (b)(6);
(b)(6); (b)(7)(C)@hq.dhs.gov

1184242 / 19-3485